



Evaluation Plan July 2006

Prepared for:

Wyoming Comprehensive Cancer Control Program
Wyoming Department of Health
Preventive Health & Safety Division
Chronic Disease Section

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Executive Summary

Background

The Wyoming Department of Health, Comprehensive Cancer Control Program, unveiled its statewide cancer control plan in October 2005. The 2006-2010 Wyoming Cancer Control Plan is made up of goals, objectives, and strategies to decrease the impact of cancer on Wyoming people. This evaluation plan will utilize the guiding framework to implement statewide Comprehensive Cancer Control developed by the Centers for Disease Control and Prevention.

Purpose

The purpose of this evaluation plan is to serve as a guidance document as to the progress made in implementing the 2006-2010 Wyoming Cancer Control Plan. This evaluation plan is not intended to be inflexible, and will be open to modifications to foster success. This plan has been created to engage stakeholders, and other interested parties, in the success of a statewide comprehensive plan to decrease the impact of cancer in Wyoming. In order to make a difference, we must show success through achieving measurable outcomes. This guidance document identify how well we are succeeding at decreasing the impact of cancer in the state, as well as identify how to strengthen the 2006-2010 Wyoming Cancer Control Plan through modification of goals, objectives, or strategies.

Audience

This evaluation plan serves a broad audience including, but not limited to:

- National and statewide Comprehensive Cancer Control program managers and staff;
- Wyoming Comprehensive Cancer Control Consortium members;
- Wyoming Comprehensive Cancer Control Steering Committee members;
- Policymakers;
- Physicians and other healthcare providers; and
- Wyoming people impacted by cancer, including cancer patients, survivors, caregivers, and family members.

Components

This evaluation plan provides background and introductory information about the impact of cancer in Wyoming. In addition, it incorporates a description of Wyoming's Comprehensive Cancer Control Program, and the 2006-2010 Wyoming Cancer Control Plan.

This document will place special emphasis on the evaluation approach and design of this initiative. The document will propose evaluation questions, data collection strategies, and specific activities that should be addressed through the 5 year implementation phase of Wyoming's CCC effort. For the purpose of this program, we will seek to assess the 1) Program Context; 2) Implementation Activities; and 3) Outcomes.

Background and Context

The Wyoming Department of Health is committed to the development of the evaluation plan for the Wyoming Comprehensive Cancer Control Program. This evaluation plan will focus on the goals, objectives, and strategies outlined in the current 2006-2010 Wyoming Cancer Control Plan, as well as Wyoming Comprehensive Cancer Control Consortium (WCCCC) process and priority issue development.

Guiding Principals of the Evaluation Plan

The mission of the Consortium is to reduce the impact of cancer through the development and implementation of a comprehensive approach to address cancer prevention, early detection, diagnosis and treatment, and quality of life services. The guiding principals of this evaluation are as follows:

Strengthen Initiative: With the utilization of an effective evaluation plan, we hope to increase recruitment and support for Wyoming's cancer control initiatives. This is an essential piece in making cancer prevention and control a priority in the State of Wyoming.

Multi-Disciplinary Approach: WDH encourages all stakeholders in cancer-related fields to participate in the implementation and evaluation processes. Utilizing multiple perspectives, resources, and broad representation from a variety of businesses and organizations can only promote and enhance cancer control efforts in Wyoming.

Promote Systems Approaches: Develop and implement a system's approach to address plan components. This includes the development of local-level community initiatives to decrease the impact of cancer in the state.

Continual Improvement: Through continually identifying needs and barriers, as well as identifying possible solutions to those issues through ongoing modification of the plan, this evaluation process will strengthen Wyoming's efforts and improve success in cancer control. Flexibility will be a key component to success.

Build Capacity: The WCCCC will continue to engage stakeholders and communities to take an active role in CCC efforts in Wyoming. WDH will provide technical assistance and support in community-driven efforts by providing evidence based research and resources.

Decision-making: Insure data driven decision-making of CCC related efforts.

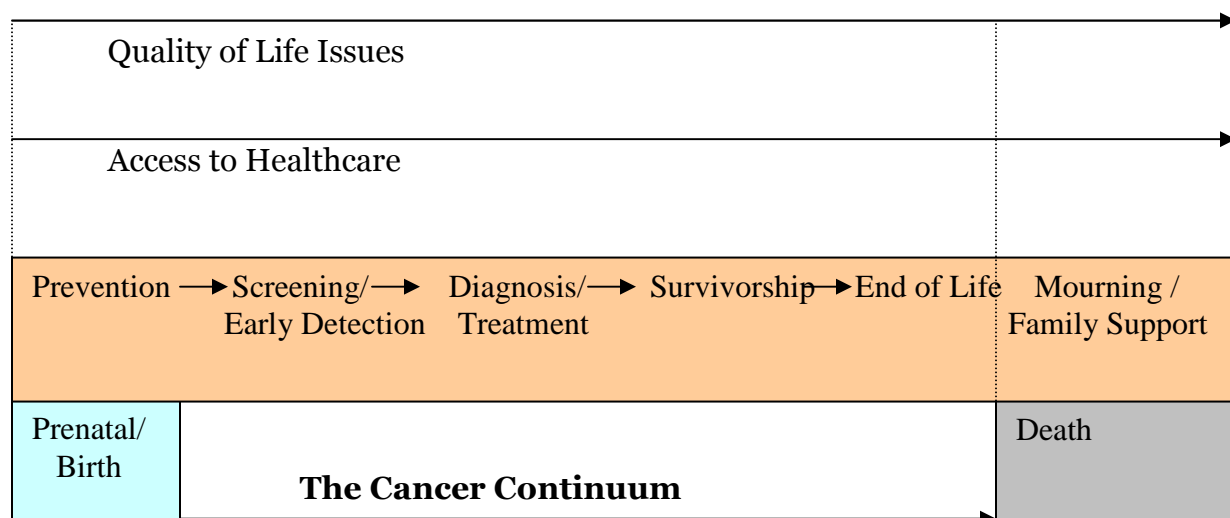
Introduction

In January 2003, a group of individuals formed a statewide cancer prevention and control advisory group now known as the Comprehensive Cancer Control (CCC) “Steering Committee” formed. This group was created for the sole purpose of increasing awareness of the need to combat cancer in the state. In February 2004, the WDH submitted an application for National Comprehensive Cancer Control Program (NCCCP) funds through the CDC. In July 2004, the Wyoming Department of Health received the Cooperative Agreement award and began efforts to create a statewide “cancer control plan” using a broad, diverse, collaborative and coordinated approach.

A statewide stakeholder meeting was held on September 8, 2004 to identify and bring together key leaders in cancer-related initiatives that already existed statewide. The result of that meeting was the creation of the Wyoming Comprehensive Cancer Control Consortium (WCCCC).

The WCCCC brought together representatives from multiple health agencies, organizations, and individuals for the purpose of assessing the current state of cancer care in the state. The Consortium members also provided leadership and expertise in the planning process, which was critical in the drafting of a plan for reducing cancer incidence, morbidity, and mortality throughout Wyoming. The ambition of the Wyoming five-year plan was ultimately to decrease the health and economic burden of cancer in the state. However, the Consortium has, through this process, expanded and addressed goals in each of the separate areas of cancer prevention, early detection and screening, diagnosis and treatment, rehabilitation, and palliation thus creating a continuum of care for our cancer patients and their families, as well as cancer survivors. These areas include access to quality healthcare as well as issues relating to quality of life which span the continuum of care from conception through death.

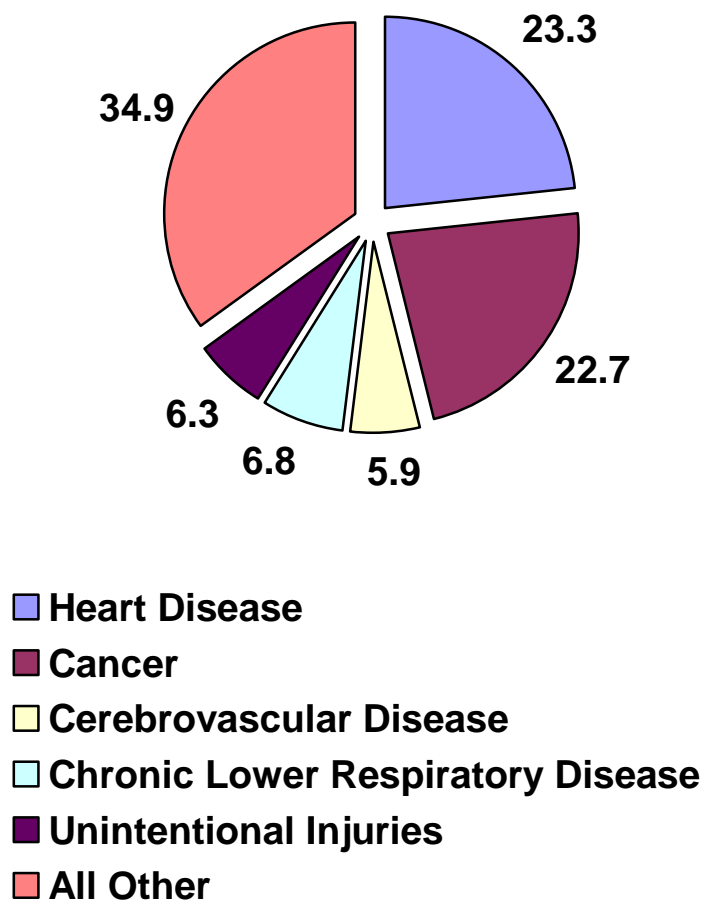
Wyoming Comprehensive Cancer Control Continuum of Care



It is through the creation of Wyoming's cancer control plan that we hope to see earlier diagnosis of cancer in the state, increase in 5-year survival rates, less duplication of efforts, and an increase in cost-effectiveness for cancer-related initiatives.

Cancer remains the second leading cause of death in Wyoming following heart disease. With the initiation of an integrated approach among WDH programs, we hope to see a decline in risk factors surrounding all chronic diseases including, but not limited to heart disease, cancer, diabetes, and asthma.

**Percentage of Deaths By Leading Cause,
Wyoming 2003**



Comprehensive Cancer Control in Wyoming

The Wyoming Comprehensive Cancer Control Program is housed within the Wyoming Department of Health, Preventive Health and Safety Division, Chronic Disease Section. The program seeks to provide statewide cancer education, information, and data surrounding CCC in Wyoming. The program also identifies health-related disparities and solutions to addressing barriers to those disparities.

Wyoming Comprehensive Cancer Control Consortium

Since the Consortium formed in 2004, there have been over 160 members. The mission of the Consortium is to develop and implement a comprehensive approach to address cancer prevention, early detection, diagnosis and treatment, and quality of life services to lessen the impact of cancer in Wyoming.

The purpose of the WCCCC is to foster statewide collaboration efforts to better implement comprehensive cancer control in Wyoming, and serve as the vehicle to coordinate the improvement of cancer prevention and control activities throughout the state.

Functions of the WCCCC

- Bring together at the state level representatives from the public and private sectors engaged in research, prevention, early detection of cancer; education, diagnosis and treatment, management, support, rehabilitation, and palliative care of persons with cancer, and persons with cancer, and their families and caregivers to address problems relating to cancer Wyoming;
- Improve access to healthcare for all Wyoming people;
- Reduce cancer risk by promoting healthy lifestyles and early detection methods;
- Increase and support policies, practices, and programs that support cancer prevention and control efforts and improve the health and environment in Wyoming;
- Increase access and use of appropriate early detection tools to diagnose cancer at earlier stages;
- Increase the quality of cancer care provided in the state of Wyoming by promoting and increasing access to evidence-based cancer diagnosis, treatment, follow-up, rehabilitation, and palliative care services;
- Educate communities to promote programs, practices, and policies that eliminate disparities throughout Wyoming according to gender, age, ethnicity, geographic location, insurance status, and socioeconomic status;
- Promote data collection and proper use of science-based information to increase public awareness and professional understanding about cancer and its impact on Wyoming people; and
- Work collaboratively through partnerships with public and private organizations to address goals and objectives outlined in the Wyoming Cancer Control Plan.

2006-2010 Wyoming Cancer Control Plan

There are several components of the plan which seek to improve cancer prevention and care in the following areas:

Prevention
Early Detection
Quality of Life
Diagnosis & Treatment

Childhood Cancer
Cancer & the Environment
Health Disparities
Data Collection & Evaluation

There are approximately 16 goals, 38 objectives, and 134 strategies within the plan. The evaluation plan will focus on select goals and objectives for year I and II of implementation based on the WCCCP workplans. (Appendix C)



WCCCP Workplan

The Wyoming Comprehensive Cancer Control Program monitors progress of the cancer plan, in conjunction with the CCC Steering Committee. The Steering Committee is a diverse group of key leaders in cancer prevention and control throughout the state. Their expertise ranges from government policy to non-profit or medical expertise. This group, in conjunction with the WCCCP, takes the lead on developing workplans to move the 2006-2010 Wyoming Cancer Control Plan forward. Without the ongoing monitoring and adjustments to strategies based on the group's input, this evaluation plan would not be possible.

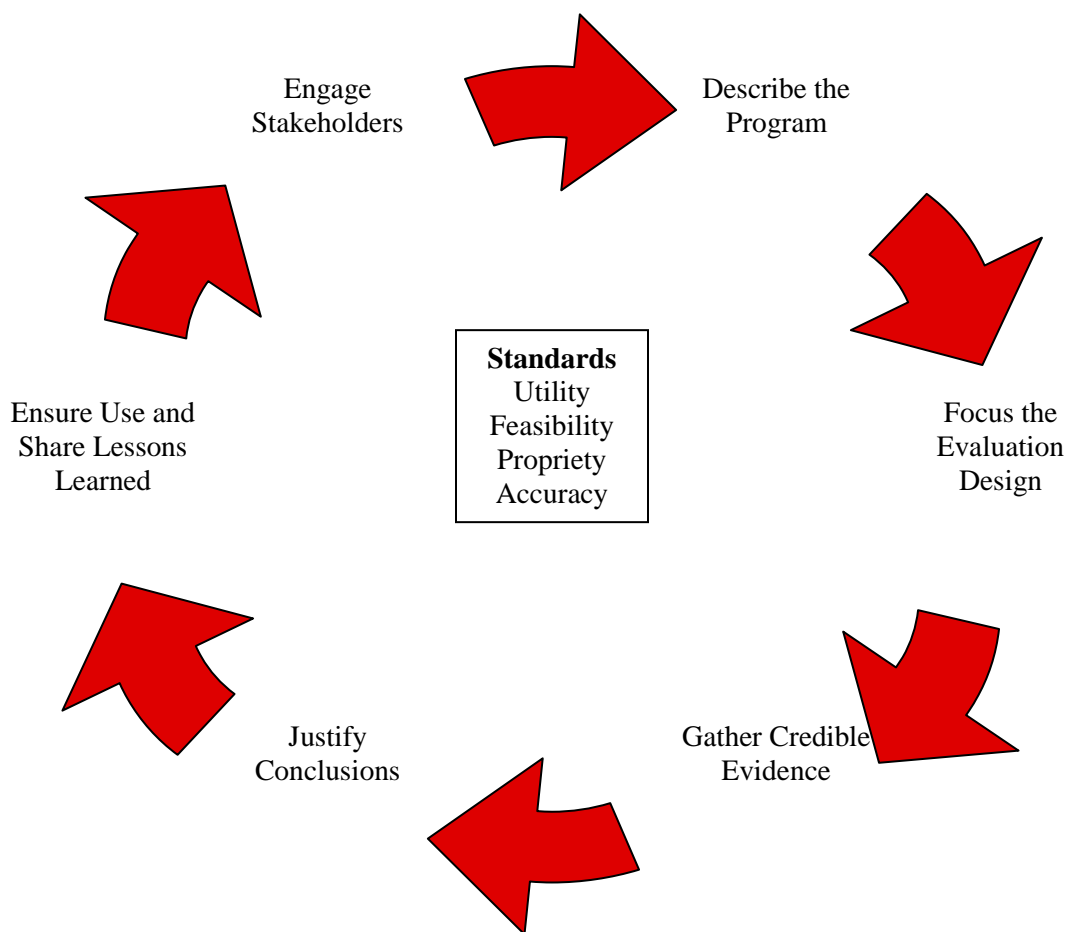
The workplans utilize the CCC Building Blocks promoted by the CDC's National Comprehensive Cancer Control Program and maintain the structure in which CCC in Wyoming has been built. The building blocks are as follows:

- 1) Enhance Infrastructure
- 2) Mobilize Support
- 3) Build Partnerships
- 4) Utilize Data and Research
- 5) Assess/Address the Cancer Burden
- 6) Conduct Evaluation

Evaluation Approach

This evaluation will be consistent with the *Framework for Program Evaluation in Public Health* developed by the Centers for Disease Control and Prevention (MMRW, 48/(RR11):1-40). The diagram below identifies the six key components to evaluating any public health program:

Framework for Program Evaluation in Public Health 6 Steps Towards Successful Evaluation

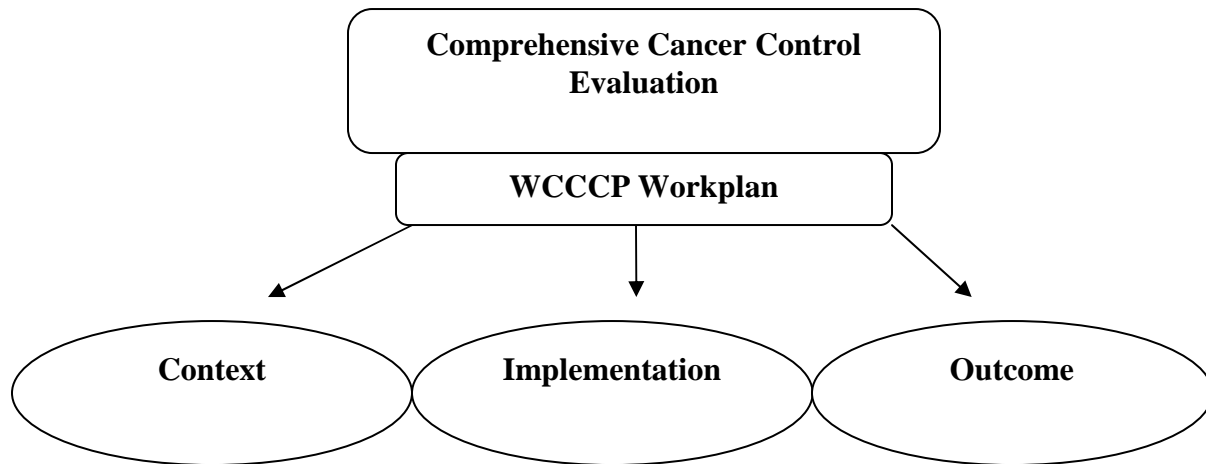


The six steps reflected above are advised to be taken in any public health evaluation process. Also reflected are a set of standards which help to assess the quality of evaluation activities. The WCCCC has decided upon this model as it is evidence-based and proven to provide an adequate assessment of how Wyoming improves as a result of Comprehensive Cancer Control.

Evaluation Design

The evaluation design for Wyoming's Comprehensive Cancer Control Evaluation provides the framework for drawing conclusions as to the impact of the Wyoming Comprehensive Cancer Control Plan on Wyoming communities, cancer patients, survivors, and their families. The evaluation obtains qualitative and quantitative results and ranges from simple to complex, and subjective to objective. The structure of Wyoming's CCC evaluation design is depicted in the following graphic:

Comprehensive Cancer Control Evaluation Design



Context Evaluation

As part of Wyoming's evaluation, contextual factors, such as environment or organizational design, must also be evaluated in order to obtain data relating to the program's success based on factors that may impede or facilitate ongoing decision-making or priority setting. The factors may include organizational and environmental indicators that may aid in the program's decision-making process.

Proposed Evaluation Questions

- What impact does the Consortium and other key partnerships have on the program's effectiveness?
- What organizational resources (staffing, funding, expertise, in-kind time donations) are available and how are they utilized?
- What external factors, such as environment, politics, social issues, and economics, can be identified as strengths or barriers to the program?

Data Collection

A survey will be completed by the WCCCC Data Committee, and approved by the CCC Steering Committee in order to address the above-mentioned questions and more to determine program efficiency and long term change.

The program evaluator will help determine the most effective way to administer the survey.

Timeline and Activities

The following table identifies a list of activities that have been proposed in order to conduct the contextual component of this evaluation. While the Program Manager will take the lead on these responsibilities, additional participation and input from other staff and stakeholders will be instrumental.

Contextual Evaluation Timeline (Annual Assessment)

| Activity | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Person Responsible |
|--|-----|------|-----|-----|-----|-----|-----|---|
| Conduct Data Committee meeting to determine evaluation questions | X | | | | | | | Program Manager Program Evaluator Data Committee |
| Obtain approval on questions by CCC Steering Committee | | X | | | | | | Program Manager Data Committee CCC Steering Committee |
| Draft Survey for feedback | | X | | | | | | Program Manager CCC Program Staff |
| Obtain Feedback/ Ratify Survey | | | X | | | | | Program Manager Data Committee CCC Steering Committee |
| Administer Survey | | | | X | | | | Program Manager CCC Program Staff |
| Enter Data | | | | | X | | | CCC Program Staff |
| Analyze findings of survey | | | | | | X | | Program Evaluator |
| Summarize survey results and lessons learned in annual evaluation report | | | | | | | X | Program Manager Program Evaluator |
| Disseminate Findings | | | | | | | X | Program Manager CCC Program Staff |

Implementation Evaluation

As part of Phase II: Implementation for the National Comprehensive Cancer Control Program Award, the WCCCP will also monitor outcomes being met as a result of the strategies tied within the 2006-2010 Wyoming Cancer Control Plan. The Wyoming Department of Health strives for performance accountability and performance-based contracting and invoicing. The WCCCP, which is a program within the Department of Health, needs to know how Wyoming is better off as a result of CCC efforts in the state. The WCCCP, in conjunction with the CCC Steering Committee, and the CCC Data Committee, will be monitoring plan goals, objectives, and strategies for program accomplishments, weaknesses, and modifications.

Proposed Evaluation Questions

- Which plan strategies are currently being implemented?
 - Which of those strategies are successfully implemented and why?
 - Which of those strategies are not successfully implemented and why?
- Which plan strategies are not currently being implemented?
 - Are there strategies currently being modified or deleted from the plan?
 - What are potential barriers for those strategies not being implemented?
 - What can be done to overcome the barriers?
- What are the lessons learned during the initial implementation phase?
 - What has been done but did not work?
 - How can these lessons be implemented in to the existing plan?

Data Collection

Wyoming has created a monitoring tool to track progress and aid in the collection of implementation data. You may find a copy of the tool attached as Appendix _____. This tool will allow participation by program staff, steering committee members, and stakeholders statewide.

Workgroup members within the Consortium will be responsible for completing forms on an bi-annual basis. The data will be entered by CCC Program Staff. CCC Program Staff will also provide technical assistance throughout this process.

Once all data has been compiled, the Program Evaluator will analyze the data and find common themes that will help in making CCC efforts stronger and more concentrated in Wyoming.

Timeline and Activities:

The following table identifies a list of activities that have been proposed in order to conduct the implementation component of this evaluation. While the Program Manager and Data Committee will take the lead on these responsibilities, additional participation and input from the CCC Steering Committee and other staff and stakeholders will be instrumental.

Implementation Evaluation Timeline

| Activity | <i>Aug</i> | <i>Sept</i> | <i>Oct</i> | <i>Nov</i> | <i>Dec</i> | <i>Jan</i> | <i>Feb</i> | Person Responsible |
|---|------------|-------------|------------|------------|------------|------------|------------|--|
| Conduct Data Committee meeting to determine implementation evaluation questions and monitoring tool | X | | | | | | | Program Manager Program Evaluator Data Committee |
| Develop a process for routinely completing monitoring tool | X | | | | | | | Program Manager Program Evaluator Data Committee |
| Obtain approval on questions and monitoring tool by CCC Steering Committee | | X | | | | | | Program Manager Data Committee CCC Steering Committee |
| Draft Survey for feedback to reflect stakeholders needs | | X | | | | | | Program Manager CCC Program Staff |
| Obtain Feedback/ Ratify Survey | | | X | | | | | Program Manager Data Committee CCC Steering Committee |
| Complete the monitoring tool on routine basis | X | | | X | | | X | Consortium Members Workgroup Chairs Program Manager Program Evaluator |
| Administer Survey | | | | X | | | | Program Manager CCC Program Staff |
| Enter Data | | | | | X | | | CCC Program Staff |
| Analyze findings of survey | | | | | | X | | Program Evaluator |
| Summarize survey results, outcome barriers, and lessons learned in annual evaluation report | | | | | | | X | Program Manager Program Evaluator |
| Disseminate Findings | | | | | | | X | Program Manager CCC Program Staff |

Outcome Evaluation

The outcome evaluation component is probably the most crucial information we will receive. The information will tell us how well we are doing at decreasing the impact of cancer on Wyoming and promote data driven decision-making as we move forward with CCC efforts in Wyoming. The process will involve looking at long and short term goals and objectives, identifying effectiveness of the programs, and revealing program strengths and weaknesses. Once we are able to look at the big picture surrounding cancer prevention and control in Wyoming, we can then move towards filling gaps, identifying new possible opportunities, and building new systems to promote long-term sustainability for CCC and quality cancer care.

Proposed Evaluation Questions

The workplan will be the vehicle which identifies the questions identified in the outcome evaluation. We want to know if the program that will meet that outcome is established, it's progress, and impact it will have on the desired audience.

- What are the short and long term outcomes we are trying to achieve?
 - What performance measures do we utilize to show progress?
 - How do we know when we have achieved the desired outcome?
- What impact is the program/activity having on the desired audience?
 - Have we achieved program objectives?
 - Have we met short and long term outcomes?
 - What, if any, impact has the program had on Wyoming or a specific community?
- How effective was the program?
 - What works for whom, and why?
 - What improvements can be made, if any?

Data Collection

Much of the data collection for the Outcome evaluation will be available through statewide data, such as the Behavior Risk Factor Surveillance System (BRFSS) survey, the Youth Risk Behavior Survey (YRBS), and the Wyoming Cancer Surveillance Program's (WCSP) Annual Report on Cancer in Wyoming.

The Data Group, in conjunction with the CCC Steering Committee, will monitor cancer-related indicators and work closely to monitor trend data. The two groups will make future decisions based on data as the 2006-2010 Wyoming Cancer Control Plan is implemented.

The Program Evaluator also assist in data analysis and find common themes that will help in making CCC efforts stronger and more concentrated in Wyoming.

2006-2010 Wyoming Cancer Control Plan Outcome Indicators

The 2006-2010 Wyoming Cancer Control Plan identifies 38 indicators to show success in implementing Wyoming's cancer control plan. They are long-term outcomes that will change the way Wyoming people are impacted by cancer. The following list is a current view of the indicator's that will be measured throughout the five year time period:

Primary Prevention

Tobacco Control Indicators:

- *Decrease the percentage of Wyoming adults reporting current tobacco use to 25% (BRFSS)
- *Decrease the percentage of Wyoming high school students reporting tobacco use to 25% (YRBS)
- *Increase the percentage of Wyoming adults who stopped smoking for one day or longer in the past 12 months because of trying to quit smoking to 55% (BRFSS)
- *Increase the percentage of Wyoming high school smokers reporting attempts at quitting to %75 (YRBS)

Physical Activity and Nutrition:

- *Decrease proportion of Wyoming adults who are overweight or obese ($BMI \geq 30$) to 15% (BRFSS)
- *Increase the rate of Wyoming adults reporting meeting the recommendations for physical activity to 65% (BRFSS)
- *Decrease the rate of Wyoming adults reporting no physical activity other than their regular job to 15% (BRFSS)
- *Decrease the rate of Wyoming high school students participating in an insufficient amount of physical activity to 20% (YRBS)
- *Increase the rate of Wyoming youth eating 5 or more servings of vegetables per day during the last 7 days to 45% (YRBS)
- *Increase the rate of Wyoming adults consuming fruits and vegetables at least 5 times each day to 40% (BRFSS)

Sun Safety:

- *Decrease the number of Wyoming adults reporting burns from the sun or other sources of UV radiation each year (i.e. tanning beds) to 35% (BRFSS)
- *By 2010 identify methods to track youth data relating to sunburn and overexposure to ultraviolet rays.

Early Detection

Access to Care Indicators:

- *Decrease the percentage of people reporting they do not have a healthcare provider to 18% (BRFSS)
- *Decrease the percentage of Wyoming people reporting inability to receive care due to cost to 10% (BRFSS)
- *Decrease the percentage of Wyoming people who are uninsured to 15% (BRFSS)

Cancer Screening Indicators:

- *Increase the percentage of women of 40 years of age reporting mammogram screening to 78% (BRFSS)
- *Increase the percentage of Wyoming females age 18 and older reporting regular Pap testing to 88% (BRFSS)
- *Increase the percentage of Wyoming men and women age 50 and older who have had a sigmoidoscopy or colonoscopy to 60% (BRFSS)
- *Increase the percentage of Wyoming men and women age 50 and older who have had a Fecal Occult Blood Stool Testing to 35% (BRFSS)
- *Create a system to model to health professionals and patients the importance of informed decision-making surrounding prostate cancer screening.

Diagnosis and Treatment

- *Increase use of best practice/ evidence-based cancer care from diagnosis through treatment follow-up or end of life services
- *Enhance communications among various healthcare providers within the State of Wyoming
- *Increase access to specialized cancer care services (including clinical trials).
- *Improve the quality of cancer by developing more vigorous quality assurance, data collection, and analysis from the existing in state cancer programs

Quality of Life

- *Develop strategies to connect cancer patients, survivors, families and caregivers to available cancer resources locally, regionally, and nationally
- *Expand access to palliative care outside the hospice care setting
- *Connect cancer patients and survivors to necessary available resources through the use of patient advocates
- *Increase the proportion of Wyoming cancer patients whose pain is adequately controlled
- *Collect data pertaining to quality of life issues

Childhood Cancer

- *Provide specialized care to all Wyoming children diagnosed with cancer

Cancer and the Environment

- *Improve environmental health monitoring, update environmental health services, and clarify regulations pertaining to environmental health in accordance with the recommendations identified in Wyoming's environmental health study
- *Increase the percentage of smokefree restaurants in Wyoming to 75%
- *Increase the percentage of Wyoming adults reporting their workplace does not allow smoking in all work areas to 85%
- *Increase the percentage of Wyoming citizens reporting they have had their household air tested for Radon exposure to 50%
- *Increase the percentage of Wyoming citizens who are knowledgeable about the health effects of Radon to 25%

Health Disparities

- *Increase the percentage of underserved populations reporting access to healthcare

Data Collection and Evaluation:

- *Increase the availability of accurate, complete, and timely cancer data to Wyoming residents including persons at risk, cancer patients, healthcare professionals, policymakers, and other interested stakeholders.
- *Assess the satisfaction and perceptions of participants (i.e. consortium members and others) as to their role in the implementation of the Wyoming state cancer control plan.

Timeline and Activities:

The following table identifies a list of activities that have been proposed in order to conduct the outcome component of this evaluation. While the Program Manager and Data Committee will take the lead on these responsibilities, additional participation and input from the CCC Steering Committee and other staff and stakeholders will be instrumental.

Outcome Evaluation Timeline

| Activity | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Person Responsible |
|---|-----|------|-----|-----|-----|-----|-----|--|
| Conduct Data Committee meeting to determine outcome evaluation questions | X | | | | | | | Program Manager Program Evaluator Data Committee |
| Identify data gaps and ascertain solutions to filling those gaps | X | | | | | | | Program Manager Program Evaluator Data Committee |
| Develop and implement strategies for addressing data gaps (ongoing) | X | X | X | X | X | X | X | Program Manager Data Committee CCC Steering Committee |
| Develop short and long-term performance measures that demonstrate success | X | | | | | | | Program Manager CCC Program Staff |
| Draft Outcome Evaluation for review | | X | | | | | | Program Manager Data Committee |
| Obtain Feedback/ Ratify Evaluation | | | X | | | | | Program Manager Data Committee CCC Steering Committee |
| Collect and analyze information to assess objectives and outcomes | | | | X | X | X | | Consortium Members Workgroup Chairs Program Manager Program Evaluator |
| Summarize results, limitations, and lessons learned in annual evaluation report | | | | | | | X | Program Manager Program Evaluator |
| Disseminate Findings | | | | | | | X | Program Manager CCC Program Staff |

Dissemination Activities

In order to effectively communicate program needs, lessons learned, and ongoing progress to the intended audiences, an annual report shall be created to show CCC progress in Wyoming.

The WCCCP, in conjunction with the Wyoming Comprehensive Cancer Control Consortium, has the primary responsibility of sharing information, disseminating the report, and educating the intended audiences in a timely fashion.

Acknowledgements

Thank you to the WCCCC Data Group who worked to put the evaluation plan in order and construct ways to show success in Wyoming's CCC efforts.

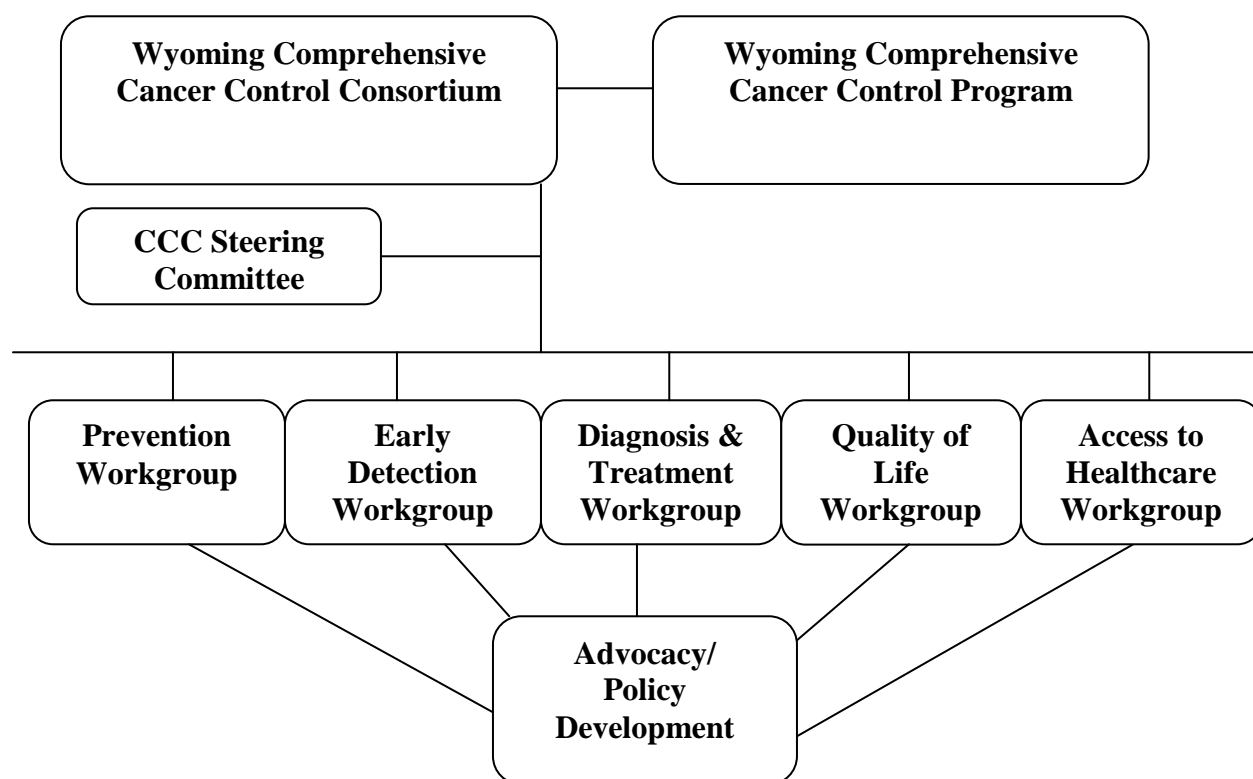
A very special thank you to the Maine Comprehensive Cancer Control Program for information and assistance in providing necessary tools and information to help construct Wyoming's evaluation plan for the 2006-2010 Wyoming Cancer Control Plan.

Appendix A

Wyoming Comprehensive Cancer Control
Consortium

Organizational Chart

Wyoming Comprehensive Cancer Control Consortium Organizational Chart



Appendix B

Comprehensive Cancer Control Strategy-Monitoring Tool

Strategy-Monitoring Tool

Purpose: To track progress and aid in data collection and implementation information. Participation among all workgroups is essential in making this tool successful.

Directions: Each WCCCC workgroup chair is responsible for completing a monitoring tool based on the priority goals and objectives for that year. One form shall be submitted for each priority strategy identified by the workgroup. The information shall be submitted to CCC Program Staff and entered into an ongoing database before or on the identified deadline date.

Legend:

Strategy: Specific activity, event or process.

Resources: Communities, individuals, organizations working to achieve strategy. This also includes financial or political assets, new opportunities, and in-kind contributions.

Measures: The deliverable(s) (new policy, progress report, the presentation).

Timeline: Timeframe for when activity should be completed.

Strengths: Positive attributes or successes related to the implementation of the strategy.

Challenges: Barriers and obstacles impacting the implementation strategy.

Opportunities: Events, actions, processes, or policies that could be taken advantage of to promote or enhance the implementation strategy.

Suggestions: Ideas or comments related to the strategy's appropriateness or progress.

2006-2010 Wyoming Cancer Control Plan Strategy Monitoring Tool

| Program Goal: | | |
|---|---|--|
| Objective: | | |
| Strategies | Who, What, When? | Progress |
| 1. | Resources: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Measures: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | Strategy: <input type="checkbox"/> On-going <input type="checkbox"/> One time event Strategy status (as of _____): MM/DD/YY <input type="checkbox"/> Not achieved <input type="checkbox"/> Partially achieved <input type="checkbox"/> Fully achieved <input type="checkbox"/> Other, please explain: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| Strategy | | |
| <input type="checkbox"/> Included in cancer plan <input type="checkbox"/> Included in CCC Workplan <input type="checkbox"/> Included in both cancer plan and CCC Workplan <input type="checkbox"/> Revised from cancer plan or CCC Workplan <input type="checkbox"/> New, not included in cancer plan or CCC Workplan | Timeline: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | Strengths: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Challenges: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> Opportunities/Suggestions: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

Appendix C

Comprehensive Cancer Control 2006-2007 Workplan

2007 Workplan
June 30, 2006-June 29, 2007

| ENHANCE INFRASTRUCTURE | | | | | |
|--|---|--|---|---|---|
| Goal: Enhance existing infrastructure for implementing the 2006-2010 Wyoming Cancer Control Plan | | | | | |
| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
| 1. By August 20, 2006, hire a CCC Outreach Coordinator to assist with workgroup planning and implementation activities, as well as WCCCP education and outreach to local communities. | 1.a. Obtain approval for Position Description Questionnaire (PDQ) 1.b. Post PDQ 1.c. Review applications and Conduct Interviews 1.d. Offer position to candidate | 1.a-b PDQ 1.c. Application forms and resumes of applicants 1.d. Qualifications of applicant based on interview and application process | 1.a. Approval received 1.b. PDQ posted 1.c. Interviews conducted on qualified applicants 1.d. Qualified CCC Outreach Coordinator is hired | 1.a. By July 3, 2006 1.b. By July 7, 2006 1.c. By August 7, 2006 1.d. By August 28, 2006 | 1.a-d WCCCP Coordinator |
| MOBILIZE SUPPORT | | | | | |
| Goal: Enhance and build ongoing support to implement the 2006-2010 Wyoming Cancer Control Plan (to aid in maximizing cancer resources and non-duplication of cancer prevention and control services). | | | | | |
| 1. By June 29, 2007, maintain ongoing recruitment and retention of CCC stakeholders and engage them in ongoing efforts in Wyoming. | 1.a. Prepare press release (PR) regarding CDC implementation funding award and opportunities to partner 1.b. Engage online users by providing a statewide prevention clearinghouse for information and recruitment purposes 1.c. Recruit interested stakeholders for future WCCCC meetings and the 2006 Wyoming Cancer Conference | 1.a. CDC Cooperative Agreement Notice 1.b. Online clearinghouse survey / evaluation 1.c. Completed WCCCC membership forms | 1.a. Responses to press release 1.b. Evaluation of usage and usefulness of online clearinghouse 1.c. Increased participation in WCCCC meetings and attendance at 2006 Wyoming Cancer Conference | 1.a. By August 1, 2006 1.b. By October 2006 1.c. Ongoing membership recruitment (June 06-July 07) | 1.a. WCCCP Coordinator 1.b. WCCCP Coordinator, Prevention Workgroup, Contracting website agency/organization 1.c. CCC Steering Committee, WCCCP Coordinator, CCC Outreach Coordinator |
| 2. By November 30, 2006, gather statewide partners to plan, implement, and evaluate the 2006 Wyoming Cancer Conference | 2.a. Determine location 2.b. Attend conference planning meetings 2.c. Determine conference goals and objectives 2.d. Invite speakers 2.e. Finalize agenda 2.f. Hold 2006 Wyoming Cancer Conference 2.g. Evaluate conference goals and objectives | 2.a-f Evaluation from 2005 Wyoming Cancer Conference 2.g. Evaluation for current 2006 Wyoming Cancer Conference | 2.a-g Evidence-based information pertaining to cancer prevention & control delivered 2.g. Increased support for and interest in CCC as evidenced by membership forms | 2.a. By July 1, 2006 2.b. Attend monthly conference planning meetings from July-Nov. 2006 2.c. By Aug. 11, 2006 2.d. By Aug. 31, 2006 2.e. By September 29, 2006 2.f. By November 30, 2006 2.g. By January 31, 2007 | 2.a-f Cancer Conference Planning Team, WCCCP Coordinator, CCC Outreach Coordinator 2.g. University of Wyoming Conference Office, WCCCP Coordinator, CCC Steering Committee |

| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
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| 3. By June 29, 2007, connect physicians to colorectal cancer resources at the local, statewide, and national level (including evidence-based cancer prevention and control guidelines, materials, and articles). This objective will include a videoconference which will provide CEUs to healthcare providers. | 3.a. Meet with focus group to discuss colorectal cancer education packet 3.b. Identify resources 3.c. Order materials 3.d. Create evaluation component to determine effectiveness and usefulness to provider 3.e. Assemble and distribute educational packets 3.f. Set up videoconference regarding packet to include CEU opportunity for providers 3.g. Hold videoconference 3.h. Post educational materials on WCCCC clearinghouse 3.i. Evaluate benefits and usefulness to providers | 3.a-d Focus group information 3.e. Wyoming healthcare provider list 3.f-i Colorectal cancer education dissemination and videoconference evaluation | 3.a-i Wyoming providers are connected to local, statewide, regional and national resources for colorectal cancer information 3.a-i Providers are connected to up to date, evidence-based information 3.f Providers are provided opportunities for CEUs. | 3.a. By December 13, 2006 3.b By January 17, 2006 3.c. By January 31, 2007 3.d. By February 14, 2007 3.e. By March 28, 2007 3.f. By February 14, 2007 3.g. By April 25, 2007 3.h. By April 25, 2007 3.i. By June 29, 2007 | 3.a. CCC Outreach Coordinator 3.b. CCC Outreach Coordinator, Focus group participants, APS Healthcare, American Cancer Society, Office of Medicaid 3.c. CCC Outreach Coordinator 3.d. CCC Outreach Coordinator, WCCCP Coordinator, CCC Epidemiologist 3.e-h CCC Outreach Coordinator 3.i. WCCCP Coordinator, CCC Epidemiologist |
| BUILD PARTNERSHIPS | | | | | |
| Goal: Increase awareness and involvement within the public and private sectors to implement plan strategies | | | | | |
| 1. By September 30, 2006, reassess current WCCCC and WDH implementation activities to determine 2007-2008 funding strategies to sustain WCCCC partnership and plan activities. | 1.a. Set CCC Steering Committee Meeting 1.b. Identify 2007-2008 priorities and funding opportunities 1.c. Identify possible interim studies or legislative items for the 2007 session. 1.d. Create 2007 action plan | 1.a. CCC Steering Committee Meeting agenda and minutes 1.b-c List of priority areas, possible funding opportunities and legislative agenda items 1.d. Action plan | 1.a. CCC Steering Committee Meeting held 1.b. Priority areas and funding opportunities identified 1.c. Legislative opportunities identified 1.d. Action plan created | 1.a. By July 29, 2006 1.b. By August 30, 2007 1.c. By September 13, 2006 1.d. By September 30, 2006 | 1.a. WCCCC Chairperson, WCCCP Coordinator 1.b-c CCC Steering Committee 1.d. WCCCC legislative arm (ACS, Jason's Friends Foundation, Pain Symposium) |
| 2. From July 2006-June 2007, assess gaps in WCCCC membership and fill gaps as determined utilizing WCCCC bylaws. | 2.a. Identify potential missing partners on a quarterly basis 2.b. Call partners to set up meeting to discuss CCC related efforts, mission, and goals. 2.c. Hold 2 face-to-face WCCCC meetings with new and old partners 2.d. Invite new partners to participate in implementation activities | 2.a-d. List of new potential partners | 2.a-d Potential new partners identified and invited to join statewide CCC implementation efforts | 2.a. Complete list on a quarterly basis (July 2006, October 2006, February 2007, June 2007) 2.b. Quarterly (use schedule above) 2.c. By June 2007 2.e. Quarterly (utilize schedule above). | 2.a-d CCC Steering Committee, WCCCP Coordinator |

| UTILIZE DATA AND RESEARCH | | | | | |
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| Goal: Utilize cancer data and/or research in implementing and monitoring the 2006-2010 Wyoming Cancer Control Plan | | | | | |
| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
| 1. By December 2006, re-assess any data gaps pertaining to plan objectives for year II of CCC implementation | 1.a. Hold Data Committee Meeting to assess current year one progress and data to be tracked 1.b. Determine where data is available 1.c. Identify gaps in data 1.d. Partner with appropriate organizations to collect data | 1.a. List of data currently available in year II implementation 1.b. List of needed data identified 1.c. Gaps identified 1.d. Action plan to obtain needed data | 1.a-d. Gaps in cancer data identified and collected (baseline data collected, where needed) | 1.a. By October 27, 2006 1.b. By November 27, 2006 1.c. By November 27, 2006 1.d. By December 29, 2006 | 1.a-d WCCCP Coordinator, CCC Data Committee, CCC Steering Committee, CCC Epidemiologist |
| ASSESS/ADDRESS THE CANCER BURDEN IN WYOMING | | | | | |
| Goal: Monitor plan goals, objectives, and strategies as new data is released to address the ongoing impact of cancer in Wyoming. | | | | | |
| 1. By June 2007, evaluate plan progress through the monitoring of the 2006-2010 Wyoming Cancer Control Plan goals, objectives, and strategies | 1.a. Review evaluation plan 1.b. Determine progress of year one priority areas 1.c. Identify gaps or areas of need with regard to meeting plan goals, objectives, and strategies 1.d. Create action plan to address needs or maintain progress | 1.a. Evaluation plan 1.b-c 2006-2010 Wyoming Cancer Control Plan 1.c. Action plan to identify areas where progress is lacking and solutions to overcoming those areas | 1.a-b Evaluation plan in progress and meeting timeline requirements 1.c. Gaps in performance identified 1.d. Action plan created to identify areas of need or improvement | 1.a. By January 15, 2007 1.b. By February 21, 2007 1.c. By February 21, 2007 1.d. By April 25, 2007 | 1.a-d WCCCP Coordinator, CCC Epidemiologist, CCC Steering Committee, CCC Data Committee |
| 2. By October 31, 2006, maintain data collection among priority areas of the 2006-2010 Wyoming Cancer Control Plan by supporting BRFSS efforts to obtain information about various risk factors among Wyoming adults. | 2.a. Meet with BRFSS Coordinator to discuss 2005 BRFSS questionnaire 2.b. Identify year II CCC needs in regard to BRFSS survey | 2.a-b BRFSS survey results | 2.a-b Priority areas of the plan measured and outcomes tracked via the BRFSS survey | 2.a. By August 4, 2006 2.b. By October 31, 2006 | 2.a-b WCCCP Coordinator, CCC Epidemiologist, BRFSS Coordinator, CCC Data Committee |

| <p><i>Current implementation priorities established by the Wyoming Comprehensive Cancer Control Consortium (organized by plan section)</i></p> <p><i>The Mission of the WCCCC is to develop and implement a comprehensive approach to address cancer prevention, early detection, diagnosis and treatment, and quality of life services to lessen the impact of cancer in Wyoming.</i></p> | | | | | |
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| <p>PREVENTION</p> <p>Goal: Reduce risk factors pertaining to cancer in Wyoming; and</p> <p>Increase use of evidence based/ best practice prevention programs, policies, and procedures.</p> | | | | | |
| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
| <p>1. By June 29, 2007, develop WCCCC prevention-based online clearinghouse to link Wyoming people to local, state, regional and national cancer prevention resources and evaluate effectiveness of the clearinghouse (this will serve as a model and incorporate all cancer topic areas in the future)</p> | <p>1.a. Collect information from local, statewide, and national prevention resources</p> <p>1.b. Contact partners and assess resources available to be placed on site</p> <p>1.c. Hire or contract with online web programmer</p> <p>1.d. Develop and load site for public use</p> <p>1.e. Evaluate site for effectiveness and usefulness</p> | <p>1.a. Prevention list/ resources identified</p> <p>1.b. Partner information and resources identified</p> <p>1.c. Contract or new position hired</p> <p>1.d. Site available to the public</p> <p>1.e. Evaluation survey</p> | <p>1.a-b Information collected</p> <p>1.c. Qualified Contractor hired</p> <p>1.d. Site uploaded for public use</p> <p>1.e. # of hits on site and usefulness to users evidenced by evaluation component</p> | <p>1.a. By August 21, 2006</p> <p>1.b. By September 11, 2006</p> <p>1.c. By September 29, 2006</p> <p>1.d. By October 31, 2006</p> <p>1.e. By June 29, 2007</p> | <p>1.a-b CCC Outreach Coordinator, Prevention Workgroup, newly identified partners, past partners within WCCCC</p> <p>1.c. Contracting agency, WCCCP Coordinator</p> <p>1.d. Contracting agency</p> <p>1.e. CCC Outreach Coordinator, WCCCP Coordinator, Data Committee</p> |
| <p>2. By June 29, 2007 develop and introduce EPA Sunwise/ School sun safe district program in collaboration with Wyoming Department of Education (WDE).</p> | <p>2.a. Develop school sun safe criteria in conjunction with Sunwise Program</p> <p>2.b. Hold Sunwise Training at the 8th Annual Summer Institute for Health Education (SI)</p> <p>2.c. Introduce Sunwise district program to conference attendees</p> <p>2.d. Map current Sunwise participants</p> | <p>2.a. Wyoming sun safe district criteria</p> <p>2.b-c. Training / certification program held at SI</p> <p>2.d. Map of current Wyoming Sunwise use created</p> | <p>2.a. List of Sunwise criteria identified</p> <p>2.b-c # of conference attendees certified in Sunwise</p> <p>2.d. Map of Sunwise use (past-July 2006)</p> <p>2.d. Collect baseline youth data pertaining to Sunburn in Wyoming via the BRFSS</p> | <p>2.a. By May 31, 2006</p> <p>2.b. By July 17, 2006</p> <p>2.c. By August 14, 2006</p> <p>2.d By June 29, 2007</p> | <p>2.a & d. WCCCP Coordinator, CCC Outreach Coordinator, CCC Epidemiologist, Prevention Workgroup, Data Committee, Wyoming Department of Education (WDE)</p> <p>2.b-c. Sunwise educators, WDE, CCC Outreach Coordinator</p> |

| EARLY DETECTION | | | | | |
|---|---|--|--|---|--|
| Goal: Increase early detection and screening in Wyoming | | | | | |
| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
| 1. By May 31, 2007, identify county-level availability of early detection services, and gaps in availability services throughout the state of Wyoming by county <i>Note: Screening services will be identified for breast, cervical, colorectal, prostate and lung cancer</i> | 1.a. Obtain statewide screening information availability from health organizations 1.b. Develop early detection survey for local Public Health Nursing (PHN) /County Health Officers 1.c. Map screening availability of breast, cervical, prostate, colorectal, and lung cancers, by county 1.d. Identify gaps in ED services 1.e. Create action plan to eliminate/reduce gaps in ED services | 1.a. List of available providers for screening 1.b. Examples of other state surveys 1.c-d. Information obtained from statewide survey/assessment | 1.a-e County level assessment complete (# of resources available for ED services specific to various cancer types identified) 1.d. County level ED gaps identified 1.e. Action plan created to reduce/eliminate gaps in ED services | 1.a. By July10, 2006 1.b. By August 28, 2006 1.c. By November 30, 2006 1.d. By November 30, 2006 1.e. By May 31, 2007 | 1.a. ED Workgroup, CCC Outreach Coordinator 1.b. ED Workgroup, CCC Data Committee, CCC Epidemiologist 1.c-d. CCC Data Committee, WCCCP Coordinator, CCC Epidemiologist 1.e. ED Workgroup, CCC Outreach Coordinator |
| DIAGNOSIS AND TREATMENT | | | | | |
| Goals: Enhance communication among various health care providers within the state. | | | | | |
| 1. By June 29, 2007, create and implement a statewide tumor board pilot project | 1.a. Gain physician approval 1.b. Obtain and implement electronic linkage to serve as a model for state health coordination efforts 1.c. Determine linkage sites based on physician recruitment 1.d. Obtain approval from hospital/ center CEOs 1.e. Install Equipment 1.f. Provide equipment training 1.g. Evaluate usage | 1.a-g # of physicians on statewide tumor board 1.a-g # of sites receiving electronic equipment | 1.a. Tumor board created 1.b-f Online linkage piloted in various areas 1.g Evaluation of usage and usefulness 1.a-g Increased use of evidence-based “best practice” cancer care from diagnosis through treatment follow up or end of life care. | 1.a &d By July 30, 2006 1. b&c By July 30, 2006 1.e By October 1, 2006 1.f. By October 31, 2006 1.g. By June 29, 2007 | 1.a-d WCCCP Coordinator, CCC Outreach Coordinator, Diagnosis & Treatment Workgroup, WyNETTE staff 1.e. WyNETTE staff, WDH Office of Telemedicine 1.f. WyNETTE staff 1.g. WyNETTE staff, WCCCP staff, Data Committee |

| QUALITY OF LIFE/ SURVIVORSHIP | | | | | |
|--|--|--|---|---|--|
| Goal: Improve the Quality of Life for Wyoming cancer patients, survivors, families, and caregivers. | | | | | |
| Objectives | Activities Planned to Achieve this Objective | Data Used for Assessment | Measures of Effectiveness | Timeframe for Assessing Progress | Team Member(s) Responsible |
| 1. By June 29, 2007, investigate opportunities to provide local level education and outreach, recruitment to screening services, assessments, community planning, coalition building and grassroots advocacy. | 1.a. Investigate use of patient navigation (PN) system in conjunction with proposed Community Cancer Resource Coordinators (CCRC) 1.b. Introduce CCRC/ PN pilot project to WCCCC and CCC Steering Committee 1.c. Obtain group approval 1.d. Create policy arm of WCCCC to work on pilot project proposal 1.e. Create timeline to propose legislation to fund pilot project 1.f. Propose CCRC/PN system to the Wyoming State Legislature (WSL) | 1.a-f <i>2006-2010 Wyoming Cancer Control Plan</i> | 1.a. Investigation of capability of project complete 1.b. Proposal provided to the WCCCC and the CCC Steering Committee 1.c. Groups accept proposal and move to complete legislative action 1.d. Policy arm created for CCRC/PN proposal 1.e. Accurate and feasible timeline created 1.f. Proposal made to WSL | 1.a. By July 28, 2006 1.b. By August 30, 2006 1.c. By September 29, 2006 1.d. By September 29, 2006 1.e. By September 29, 2006 1.f. By April 1, 2007 | 1.a-f WCCCP Coordinator, CCC Outreach Coordinator, CCC Epidemiologist, QOL Workgroup, WCCCC legislative arm (ACS, Jason's Friends Foundation, Partners Against Pain) 1.b-c QOL workgroup 1.d. QOL workgroup 1.e. QOL Workgroup, WCCCC Policy Arm 1.f. WCCCC Policy Arm (including ACS) |
| CONDUCT EVALUATION—These evaluations will be done concurrently with one another in order to be time efficient and cost effective. | | | | | |
| Goal: Improve decision-making and priority setting with regard to cancer prevention and control based on accurate data collection and evaluation. | | | | | |
| By June 29, 2007, determine the effectiveness of the coordination efforts by WDH / WCCCP in implementing statewide efforts for year 1 of implementation. | 1.a. Create satisfaction survey pertaining to WCCCP process and coordination efforts 1.b. Administer satisfaction survey via email and hard copy 1.c. Analyze satisfaction survey 1.d. Disseminate satisfaction survey results to CCC Steering Committee and WCCCC | 1.a-d WCCCP satisfaction survey | 1.a. Survey created 1.b. Survey distributed 1.c. Survey collected and analyzed 1.d. Effectiveness of WCCCP identified | 1.a. By March 24, 2007 1.b. By April 12, 2007 1.c. By June 21, 2007 1.d. By June 29, 2007 | 1.a-d WCCCP Coordinator, CCC Epidemiologist, CCC Data Committee, CCC Steering Committee |

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| 2. By June 29, 2007, determine the effectiveness of the WCCCC (statewide partnership) in leading statewide activities conjunction with plan priorities for year 1 of implementation. | 2.a. Create satisfaction survey pertaining to WCCCC partnership process and efforts 2.b. Administer satisfaction survey via email and hard copy 2.c. Analyze satisfaction survey 2.d. Disseminate satisfaction survey results to CCC Steering Committee and WCCCC | 2.a-d WCCCC satisfaction survey | 2.a. Survey created 2.b. Survey distributed 2.c. Survey collected and analyzed 2.d. Effectiveness of WCCCC identified | 2.a. By March 24, 2007 2.b. By April 12, 2007 2.c. By June 21, 2007 2.d. By June 29, 2007 | 2.a-d WCCCP Coordinator, CCC Epidemiologist, CCC Data Committee, CCC Steering Committee |
|---|--|---------------------------------|--|--|---|